



Community Area Grant Application Form

Please ensure that you have read all the Funding Criteria and Additional Guidance Notes before completing this form **PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE CONSIDERED**

1 - Your Organisation or Group			
Name of Organisation	Devizes Opendoor		
Contact Name			
Contact Address			
Contact number		e-mail	
Organisation Type	Non profit organisation <input checked="" type="checkbox"/> Parish/Town Council <input type="checkbox"/> Other <input type="checkbox"/>		
2 – Your Project			
In which Community Area does your project take place? (Please give name – see pp 2-4 of funding pack)	CENTRAL		
In which Parish does your project take place?	currently St James		
What is your project?	Drop-In center for Homeless and Socially Isolated adults		
Where will your project take place?	Devizes curently St James Parish Room		
When will your project take place?	all year 3 mornings p.w		
Does your project demonstrate a direct link to the Community Plan for the area? If YES, please provide a reference/page no.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Please confirm your project will have commenced by 31st March 2010	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
What community benefits will your project provide and, who are the beneficiaries (e.g. numbers of people, age, gender, particular groups) IMPORTANT: PLEASE DO NOT TYPE IN PARAGRAPHS – THIS SECTION IS LIMITED TO 1500 CHARACTERS ONLY (INCLUSIVE OF SPACES) Getting homeless and socially isolated adults in off the streets in the day-time to experience social interaction, receive a meal, and chance to get clean. Currently 15-20 turn up each day three mornings per week aged 21-65 years male and female. Most are "sofa surfers" some sleeping rough. some have accomodation but without access to full facilities. A number have addiction problems, all unemployed, without social purpose or much self esteem . They benefit by feeling included whilst at the drop-in. They benefit from accesss to specialist resources/ leaflets/ info from drug and alcohol agencies and from one to one access to various visiting advice agencies.The wider community benefits by having these people attended to as much as possible.			

Wiltshire Council will be unable to meet the ongoing costs of your project. Please describe, therefore, how you will ensure the financial sustainability of your project beyond the period of this grant (if successful)?

Annual charity donations from Salisbury Diocese, other regular events, also charitable giving from local churches and other local and national organizations

3 – Additional information to support and strengthen your application e.g consultation, community involvement, energy efficiency measures

Please tell us more about the organisations and groups that are involved in your project, who will benefit from the award and how will you know that it is making a difference.

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We have good links with nearly all the Devizes churches and the Partnership of Churches. we have a special relationship with Devizes FoodBank who contribute food. we have support from Trowbridge Drop-in in terms of leaflets posters dvds and general awarenesss resouces . we have regular contact rom Community 4 and Sarsen Housing. we have links with CAB and advocacy agencies. We have volunteers experienced in adult literacy teaching, action planning, adult guidance and job search skills as well as drug advise. we will be able to monitor individuals progress as they start to engage with any personal development programmes, learning or courses of treatment or education. we have the support of Volunteer Action Kennet who are helping us now put the constitution in place and we will seek support with the local councillors

4 – Relationship between your project and Wiltshire Council priorities. Which of the following statements apply to the project/service you hope to provide? Please tick as many as you think apply.

The project will:	
Engage with local people to find out their priorities and work with them to deliver solutions	<input checked="" type="checkbox"/>
Increase number of local people involved in regular volunteering	<input checked="" type="checkbox"/>
Increase the number of affordable homes	<input type="checkbox"/>
Improve access to services for people with dementia	<input type="checkbox"/>
Improve access to primary care services for people with learning disabilities	<input type="checkbox"/>
Encourage people to make lifestyle changes that will have a positive impact on the health of both themselves and their family	<input checked="" type="checkbox"/>
Improve adult participation in sport	<input type="checkbox"/>
Improve young people's participation in positive activities	<input type="checkbox"/>
Improve business productivity through innovation e.g. provide business with specific information, knowledge events and other support	<input type="checkbox"/>
Increase the number of people who feel safe in their community	<input type="checkbox"/>
Improve local area through intergenerational activities such as street clean ups and community events	<input type="checkbox"/>
Reduce perceptions of antisocial behaviour	<input type="checkbox"/>
Reduce deaths through accidents	<input checked="" type="checkbox"/>
Increase uptake of energy efficiency and renewable energy measures	<input type="checkbox"/>
Increase levels of recycling and re-using household waste especially amongst those people who currently do not recycle	<input type="checkbox"/>
Increase awareness of climate change adaptation, leading to action taken by individuals, communities and businesses	<input type="checkbox"/>
Reduce carbon emissions from transport through development, sustainable transport, traffic management and new technology	<input type="checkbox"/>
Improve local biodiversity	<input type="checkbox"/>

THE FOLLOWING INFORMATION MUST BE PROVIDED, FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING REJECTED				
5 – Information relating to your last annual accounts (if applicable)				
Year Ending: n/a		Month:	Year:	
Total Income:		£		
Minus Total Expenditure:		£		
Surplus/Deficit for year:		£		
Reserves held:		£		
6 - Financial Information				
PROJECT COSTS A Please provide a <u>full</u> breakdown e.g equipment, installation etc.		PROJECT INCOME B Please list all sources of funding for this project, as provisional (P) or confirmed (C)		
			P/C	
stationary	£60	sarsen community chest	P	£500
learning packages lit/num/other	£90			£
filing cabinet files	£150			£
mobile phone	£40			£
lap-top computerx2	£650			£
learning software	£60			£
projector	£230			£
printer /copier	£50			£
learner folders	£30			£
projector screen	£70			£
flip-chartand paper	£70			£
TOTAL PROJECT EXPENDITURE	£1,500	TOTAL PROJECT INCOME		£500
Total Project Income B		£500		
Total Project Expenditure A		£1,500		
Project Shortfall A - B		£1,000		
Award sought from Wiltshire Council Area Board		£1,000		
Is your organisation able to claim VAT?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
7 – Management				
How many people are involved in the management of your group/organisation?				
People Over 50 years	Male 0	Female 0		
People Under 25 years	Male 0	Female 0		
Disabled People	Male 0	Female 0		
Black & Minority Ethnic people	Male 0	Female 0		
8 – Supporting Information – Please enclose the following documentation				
Enclosed (please tick)				
<input type="checkbox"/> Latest inspected/audited accounts or Annual Report				
<input type="checkbox"/> Income & expenditure budget for current financial year				
<input checked="" type="checkbox"/> Project budget (if applicable)				

<input checked="" type="checkbox"/>	Terms of Reference/Constitution/Group Rules
<p>For new groups, only the group's terms of reference and a projected income and expenditure budget covering a period of 12 months is required.</p>	
<p>9 – Equal Opportunities – To assist us with our equalities monitoring please indicate whether your application is specifically targeted at people within one or more of the six equality strands. You may tick yes for more than one category e.g. if your project is for ethnic minority senior citizens.</p>	
<p>Please note that by answering NO to any of the following questions WILL NOT PREJUDICE your application.</p>	
<p>a) Is your project targeted towards, or of particular relevance to, people of a specific age?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please tick... <input type="checkbox"/> Under 25's <input type="checkbox"/> Over 50's</p>	
<p>b) Is your project targeted towards, or of particular relevance to, people with disabilities (physical or mental/emotional)?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>c) Is your project targeted towards, or of particular relevance to, people of a specific gender?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please tick.... <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	
<p>d) Is your project targeted towards, or of particular relevance to, people of a specific sexuality?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please tick.... <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual</p>	
<p>e) Is your project targeted towards, or of particular relevance to, people from a specific ethnic background?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes', indicate the ethnic background of the people who will benefit from your project.</p> <p>White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other Mixed <input type="checkbox"/> Mixed ethnic background</p> <p>Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian</p> <p>Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black</p> <p>Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Other ethnic group</p>	
<p>f) Is your project targeted towards, or of particular relevance to, people from a specific religion or faith? (e.g. a Muslim women's sports club, which encourages active participation, rather than promoting religious beliefs)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes' please specify</p>	
<p>10 – Declaration (on behalf of organisation or group) – I confirm that.....</p>	
<p><input checked="" type="checkbox"/> Accounts and quotes where appropriate are enclosed.</p> <p><input checked="" type="checkbox"/> A copy of our constitution or terms of reference are enclosed.</p> <p><input checked="" type="checkbox"/> The information on this form is correct, that any award received will be spent on the activities specified, that I will complete a monitoring form (if requested) following completion of the project.</p> <p><input checked="" type="checkbox"/> If an award is received, I will complete and return an evaluation sheet</p> <p><input checked="" type="checkbox"/> That any other form of licence or approval for this project has been received prior to submission of this application</p> <p><input checked="" type="checkbox"/> That the necessary policies and procedures will be in place prior to the commencement of the project outlined in this application. <input type="checkbox"/> Child Protection <input checked="" type="checkbox"/> Public Liability Insurance</p> <p style="padding-left: 150px;"><input checked="" type="checkbox"/> Equal Opportunities <input type="checkbox"/> Access Audit <input type="checkbox"/> Environmental Impact</p> <p style="padding-left: 150px;"><input type="checkbox"/> Planning permission applied for (date) or granted (date)</p> <p><input checked="" type="checkbox"/> That acknowledgement will be given of Wiltshire Council support in any publicity or printed material.</p> <p><input checked="" type="checkbox"/> I give permission for press and media coverage by Wiltshire Council in relation to this project.</p>	
<p>Name:</p> <p>Position in organisation:</p>	<p>Date: 09/10/2009</p>
<p>Please return your completed application to the appropriate Area Board Locality Team (see pages 9-10)</p>	